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ACE DF DEATH			OF DEATH		113328
COUNTY Dorch	ester	MARYLAND	2. USUAL RESIDENCE (Was as STATE Maryla	There deceased lived, If institution b. COUNTY	ition: Residence before admission) Dorchester
Cambridge		LO years	Cambri		09-1
ambridge Ma				Street	e. IS RESIDENCE ON A FARM? YES NO X
ME DF CEASED ype or print)	BERTIE BERTIE			DEATH	arch 27 1967
male wn	T.Ce MIDOWED	DIVORCED	Jan. 21, 1900	last birthday) Mc	
most of working life, e Housewife	kind of work done 10b. F ven if retired)	IND OF BUSINESS OR NDUSTRY Home	Hudson, Mary	yland	12. CITIZEN OF WHAT COUNTRY? USA
J			Daisy May	y Marshall	
AS DECEASED EVER IN U o, or unkown) (If yes giv	S. ARMED FORCES? E war or dates of service)				ge, Maryland
PART I. DEATH WAS IMMED AND IMMED AND IMMED AND IMMED AND IMMEDIATE AND	CAUSED BY: IATE CAUSE (a) DUE TO the (b) CEL (c) INT CONDITIONS CONTRIBUTE DERLYING THE CALL EXAMINER) Worth, Day, Year at wor 19 Of this hospital attentions of the control of the call of t	DESCRIBE HOW INJURY OCCU INJURY OCCURRED 20e, PLAN Red at work 12 20e, Plan Red the deceased from 1967, and that	RRED. (Enter nature of injunction of injunct	20f. (City or town) 2 to 3 - 2 7, M, from the causes an	PERFORMED? YES NO (County) (State) 19 7 that (I) (We) last d on the date stated above the county (State)
FUNERAL DIRECTOR		Spedden-Sewar	d Cemetery	James, Dor.	or county) (State) Co., Maryland STOAR'S SIGNATURE
STATE OF THE PARTY	Cambridge NAME OF HOSPITAL OR AMBORIDGE MA: ME OF CEASED pe or print) (NAME OF HOSPITAL OR INSTITUTION (if not in hambridge Maryland Hospital marbridge Maryland Hospital Hospital Maryland Hospital Hospital Maryland Hospital Hos	Cambridge Maryland Hospital MEDF SEASED BERTIE MAY Middle BOO DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED HOUSEVILL BERTIE MAY HOME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ambridge Maryland Hospital ME DF SEASED BERTIE MAY Middle BOO DIVORCED DIVORCE	CAMBRIDGE NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) NAME OF BERTIE MAY MIddle BOOZE 4. ADATE OF BIRTH MAY MIDDWED DIVORCED DIVORCED JAN. 21, 1900 UAL OCCUPATION (if ye kind of work done in boust of working life, even if retired) NETHER'S NAME JOHN R. Hubbard SEDECEASED EVER IN U. S. ARMEDFORCES? I, or unknown) (If yes give war of dates of service) CAUSE OF DEATH LENter only one cause per line for (a), (b), and (c). 1 PART I. DEATH WAS CAUSE (a) DUE TO MIDDITION (in year) DUE TO MIDITION (in year) MOULE TO MOULE OF DEATH HOUR OF INJURY MONth, Day, Year While SAW the deceased alive on 3 2 20. DATE THEREOF NAME (Type) WILDURY MAY (Specify) MAY ADDRESS 126. NAME OF CEMETERY OR CREMATORY ADDRESS 127. REMATORY ADDRESS 128. REC'DE CALESTORY ADDRESS 129. SAR REC'DE CAMPRILLA ADDRESS LEAST ADDRESS 120. AUTORA ATTENDING MED JAY ADDRESS 120. AUTORA ADDRESS 125a. REC'DE 25a. REC'DE ADDRESS 125a. REC'DE ADDRESS 125a. REC'DE ADDRESS 125a. REC'DE ADDRESS 125a. REC'DE	Cambridge Name of Hobspital Reports town) Cambridge Name of Hobspital Reports town) Cambridge Name of Hobspital Reports town) Cambridge Name of Hobspital Reports town of the Land Reports to

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Tage of the same o	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL 03534 CERTIFICATE OF DEATH 03529	
urs after dea	PLACE OF DEATH a. CDUNTY Dorchester MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence as STATE aryland b. CDUNTY orches	ter ter
1	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) Cambridge C. LENGTH DF STAY IN 1b C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) Cambridge C9-1	e nearest town
	27.2 Mall of the transporting give street available 1.	DN A FARM?
	3. NAME OF First Middle Last 4. DATE Month Day OF OF DECEASED (Type or print) Ida Ann Bradley DEATH March 6,1967	
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1YEAR Months Days Months Days Funder 1YEAR Months Days Months Month	
L	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker 10b. KIND OF BUSINESS DR INDUSTRY Cambridge, Id., R.D. 12. CITIZEN COUNTRY	7
	13. FATHER'S NAME William Shannahan 14. MOTHER'S MAIDEN NAME Wargaret Phillips	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT 31 3Address 1 bot Average (Yes, no, or unknown) (If yes pive war or dates of service) Nrs. Wm. F. Brohawn, Cambridge, Md.	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Massive Cerebral Hemorrhage IMMEDIATE CAUSE (a)	RVAL BETWEEN ET AND DEATH — 10 Mil
	331X Conditions, If any, which (b) DUE TO Cerebral arterio-sclerosis	- 2 yrs.
	gave rise to Immediate cause (a), stating the underlying cause last. DUE TO Arterio sclerosis generalized 5	- 10 yrs
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. Cerebral Hemorrhage with left Hemiplegia 2-6-67	WAS AUTOPSY PERFORMED?
	Cerebral Hemorrhage with left Hemiplegia 2-6-67 YE 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part or Part of Item 18.) B	
	ZDC. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 4 While at work 2 at work 2 at work 3 work 3 work 4 work 4 work 4 work 5 work 5 work 6 wor	(State)
l	21. I certify that (I) (thick(hospital) attended the deceased from 2-6-, 1957, to 3-6-67, 19-67, the saw the deceased alive on 3-4- 19-67, and that death occurred at 115 MA from the causes and on the date	e stated above
	22a. SIGNATURE Eldridge H. Wolff M.D. ATTENDING MED. DIRECTOR PHYS. 22b. DATE SIGNATURE 3-6-6	
	PHYSICIAN'S NAME (Type)Eldridge H. Wolff, M. D. 22d. ADDRESS 6 Aurora Street, Cambridge, Mar	
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) REMOVAL (Specify) Narch 8, 1967 Green Lawn Cemetery Cambridge, Md. 23d. Fineral Director ADDRESS 125a, REGIO BY REGISTRARY 25b. AREA STORY	(State)
1	Funeral Director Shores Cambridge, Md. 25a MAR 1 3 1967 25b greatstrangs sign	udge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEATTH-DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. COUNTY e. STATE b. COUNTY Dorchester Marvland Carrol] MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 e. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town write RURAL and give nearest town) Cambridge Rural. Finksburg 4 months d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Por d. STREET ADDRESS a. IS RESIDENCE ON A FARM? retained i Oakley St. Surs after YES X NO 3. NAME OF Middla 4. DATE Day Year DECEASED 0 OF (Type or print) DEATH Pratt Brubeker March 1967 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 1F UNDER 24 HRS last birthday) Months I within 24 hours after 5 18. Give Pages 1, 2/and h form PM3. Page 5 m Female WIDOWED X DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? E P done during most of working life, even if retired) Housewife Breckenridge Missouri pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Pratt Harriett Morse Henry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Cambridge Md. (Yas. no. or unkown) ! (If yes give war or detes of service) please execute the certificate, writing the word "pending" in pencil in Item 19 4 should be forwarded to the Chief Medical Examiner's Office along with O FUNERAL DIRECTOR. Page 3 should be used as a buriel-transit permit should be executed if in Item Mrs. Alton Sellers 407 Oakley St. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary occlusion IMMEDIATE CAUSE (a) Instant DUE TO Conditions, If eny, which gave rise to immediate cause DUE TO (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11-1 129, WAS AUTOPSY CERTIFICATION PERFORMED? NO -ST 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 20s. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stelle) fectory, street, office bldg., etc.) While Not While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection K Inquiry and in my opinion death resulted from Natural causes X Suicide [Accident Homicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 3/10/67 DEPUTY MEDICAL EXAMINER K EXAMINER'S John Mace Jr. M.D Address (Street, cliy, town, or county) Cambridge. NAME (Type) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION ICity, town, or county REMOVAL (Specify) Mar1967 Saints Episcopal Reistertown 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME Cambridge Md. 21613 5M 1/63

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03536 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Dorchester Maryland Dorchester 2, and 3 ta PM3. Page b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Cambridge LO Vrs Cambridge after e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS farm hours (Item 18. Give Pages 1, 900 Race Street 900 Race Street ate YES NO XX after death. 3. NAME OF Middle 4. DATE First Last Manth Year DECEASED 19 67 BUSICK OF with the within 7 KINCAID March 15, KATHERINE Type or print DEATH 8. DATE OF BIRTH Oct. 27, IF UNDER 24 HRS IF UNDER 1 YEAR SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 1881 last birthday) Months Female Days Hours haurs WIDOWED DIVORCED event pup 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life even if the tired Wursing Cuvahoga Falls, Ohio COUNTRY? USA pages I e, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner's in pencil it 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME executed within Unk Unk Fie pup 16. SOCIAL SECURITY, NO. 218-20-8495A 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Mr. James G. Busick, Cambridge, Maryland permit. (Yes, ng, or unknown) (If yes give war or dotes of service) ar remaval, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY This certificate shauld be Coronary occlusion IMMEDIATE CAUSE (o). writing the ward crematian, DUE TO Conditions, if any, which gave (6) rise to immediate cause (a), DUE TO stating the underlying cause O SD lost. burial, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? please execute the certificate. NO K 10 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) designated agent, priar 3 should MEDICAL EXAMINER: CAUSE OF DEATH. 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) Nat While factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page ot wark at wark 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X, Inquiry [for and in my apinian Natural causes X. Accident Suicide . the funeral director. death resulted from: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 3/18/67 TO DEPUTY 5 may be 1 10 FUNERAL Health ar i DEPUTY MEDICAL EXAMINER 🖃 **EXAMINER** John Mace Jr. M.D. Address (Street, city, town, or county) Cambridge. Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. Mar 18, 1967 EXE Old Trinity Cemetery Church Creek, Maryland 24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland VR A15ME IS

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
	O3537CERTIFICATE_OF_DEATH.	05085			
1.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence) a. STATE OA b. COUNTY A.	dence before admission			
_	DCRCH7-51 8K MARYLAND III). DOK	THESIE			
	b. CITY OR TOWN (if outside corporate limits, write RURAL and git	ve neerest town)			
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE			
	a contract of the contract of	ON A FARM			
3.		ley Year			
	(Type or print) HATT: Charter 3 2	2 1967			
5.	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA	AR IF UNDER 24 HRS			
r	remake 16060 WIDOWED DIVORCED 1/12/1460 10.1795.				
10 de	10a. USUAL OCCUPATION (Give and of work done during meet of working life, even if relirad) 10b. KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN done during meet of working life, even if relirad)	OF WHAT COUNTR			
13	13. FATHER'S NAME	2 H. C			
	Ida Mason				
15	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 12. INFORMANT ' Address				
(Y	(Yas, no, ar unkown) (Ifyesgivewerordatesofservice)				
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) CARDING LEMPEN SAFEM	_			
	DUE TO The formation of the Constitute of				
	Conditions, if eny, which gave rise to immediate cause				
	(e), stating the underlying DUE TO				
,	(a)	19. WAS AUTOPS			
CAT		YES NO			
CERTIFICATION	206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18.) CONTRIBUTING CAUSE OF DEATH				
		(State)			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) Hour e.m. While Not While fectory, street, office bldg., etc.)	(5.0.0)			
×		, that (I) (we) is			
	21. I certify that (i) (this hospital) attended the deceased from				
	220. SIGNATURE	22b, DATI			
	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGN			
	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 12d. ADDRESS	Out			
	J. Com F 40 Sall Camerage	(Stete)			
23	23a. BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR, CREMATORY 23d. LOCATION, (City, hown or be unity)	[3161,6]			
24	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. BEC'D BY REGISTRAR 255 REGISTRAR'S SIGNATURE	NATURE			
Ì	1 Land July Carelledge Wed DATE MAN 3 1867 - Limite	Judge			
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1		Division of STATISTICAL RESEAR		W. PRESTON STREET, BALTI	MORE, MARYLAND 21201
- 6-		03538	CERTIFICATE	OF DEATH	03532
executed within 24 hours often death and completely filled in by the three of the corbon papers. Pages and 2 only event, within 72 hours after death	1.	PLACE OF DEATH O. COUNTY DOYCHES FEY	MARYLAND	a. STATE Haule	ed lived, if institution Residence before admission) COUNTY Country Coun
hours off in by the ers. Pages 2 hours at		b CITY OR TOWN (If outs de corporate limits, mille RURAL and give noerest town)	LENGTH OF STAY IN 16	Reston	te limits, write RURAL and give nearest town;
n 24 ho illed in papers.	2	d. WAME OF HOSPITAL OR INSTITUTION (If not in hospital, give	street address)	d STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
The low requires that the death certificate be executed within 24 hours ottending physician. has been signed by the attending physician and completely filled in by isse as the burial-transit permit. Then please Tempore carbon papers. Path prior to burial, cremation, or removal, and in any event, within 72 hours	3.	NAME OF DECEASED (Type or print)	Middle -	Jost 4 DATE OF DEATH	Manth Doy Year 3/13 1967
be execute ond comp		SEX 6 COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED 8 DIVORCED 1	8-14-86	AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS Months Doys Haurs Min.
tran on	dt	ring most of working its even if retired)	OF BUSINESS OR STRY ハモド	11. BIRTHPLACE (County & Stote or for	reigh country) 12. CIT ZEN OF WHAT COUNTRY?
certificate by g physician Then please moval, and i	13	FATHER'S NAME Daniel Con		14. MOTHER'S MANDEN NAME Sazar	Biery
he deoth ce attending p permit. The	11	es, na, or unknown) (If yes give war or dates of service)	4-32-12	199- Reco	eds - Haspital
quires that the death certific physician. signed by the attending phys burial-transit permit. Then P buriol, cremation, ar removal,		18. CAUSE OF DEATH (Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	(b), and (c)	"Leunoni	ONSET AND DEATH
The low requires that the ottending physician. has been signed by the se as the burial-transit ith prior to burial, cremating the prior to burial the prior the p		Conditions, if any, which gove rise to immediate cause (a),	U		
ow required been sisted be been sisted be been sisted be been sisted by the beautiful to be been sisted by the beautiful beaut		stoting the underlying cause DUE TO lost. (c)	<u>.</u>	<u> </u>	
F. The I or otter te hos use as	/ CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D			YES NO
OR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certificate as 3 should be detoched for u led with the State Dept. of Heol	L CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH		Enter noture of injury in Port I ar Pari	·
NG PHY f the har er this e detoc	MFDICAL	p.m. 17 at work L	Nat While Gotto	E OF INJURY (Home, form, ry, street, office bldg., etc.)	(City or town) (County) (State)
TENDIII ined by OR: Aft ould be		21. I certify that (I) (this haspital) attended saw the deceased alive an	the deceased from	death accurred at 3 13 14 N	, fram causes and an the date stated above
OR AT be reto SIRECTO		Me as an especial	officher of MD		STAFF PHYS. 22b DATE SIGNED
SPITAL 4 moy IERAL or, poy d be fi	/	220 PHYSICIAN'S NAME (Type) PLAND Ripel	xext	E-New	Maked ho
TO HO, Poge TO FUN direct shoul		REMOVAL (Specify) 3-15-47	23c. NAME OF CEMETERY OR C	Heef &	CATION (City or Town) (County) (State)
VR A15 (4) 20 M 1/66	X.	4. FUNERAT DIRECTOR	ADDRESS	25g RECD BY REGISTR	1967 256 Jacobstrans dignature

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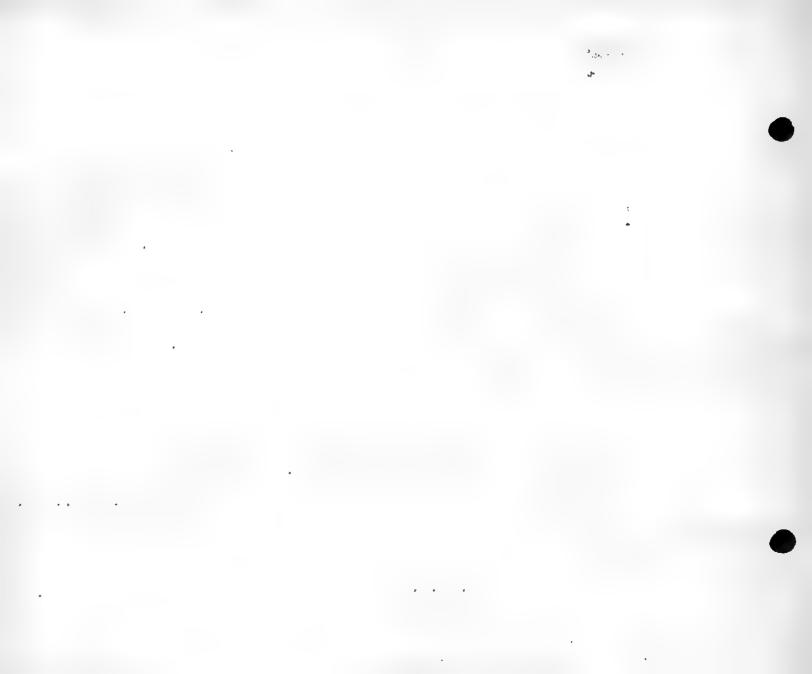
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Dorchester a. STATE Marvland Dorchester MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Cambridge c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Life Cambridge e. IS RESIDENCE d. STREET AODRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Cambridge Maryland Hospital 114 Oakley Street NO IX executed within 3. NAME OF Month First Middle Last Year DECFASED 19 67 ROWENA MEREDITH CREIGHTON March 3, (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIEO A NEVER MARRIEO AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last oirthday) | Months | Days | Hours | Min. DATE OF BIRTH 5. SEX Female White Dec. 13, 1920 WIDOWED DIVORCED [10a. USUAL OCCUPATION (Cive kind of work done) 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife Cambridge, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal. Edward L. Meredith attending primit. Then in, or remov Georgia Sherman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Mr. E. Hallie Creighton, Cambridge, Md. unk INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c),] been signed by the the burial-transit or to burial, cremate ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral metastasis week 2 IMMEDIATE CAUSE (a). **OUE TO** Metastasis to lumbar vertebra & right lung 8 mo. Cenditions, If any, which (b) gave rise to immediate **DUE TO** Ca. of cervix (Invasive squamous cell carcimoma) cause (a), stating the prior 3 years underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? (Ca. adequately ? treated) NO TX 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year I 20f. (City or town) (County) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 19 64 to 3-3- 19 67 that (1) (we) last 21. I certify that (I) YEMS KOSP(TSI) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at 1 1 1 M, from the causes and on the date stated above. saw the deceased alive on. 228. SICNATURE 22b. OATE SIGNED e e director, page should be filed DIRECTOR 3-5-67 PHYS. FUNERAL 22d. ADORESS NAME (Type) Eldridge H. Wolff, M. 6 Aurora Street, Cambridge, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify) Mar 6 1067 2 Mar 6, 1967 Dorchester Memorial Park Cambridge, Maryland Burial 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR I 24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

1 6	K	Division of STATISTIC	MARYLAND STATE DEF AL RESEARCH AND RECORDS, 301		MORE, MARYLAND 21201
- 2		03540	CERTIFICATE	OF DEATH	03534
s after death the funeral ages I and is is after death		o COUNTY Parchester	MARYLAND	2 USUAL RESIDENCE (Where deceose a STATE	d lived, if institution: Residence before admission)
Agurs after by the fu s Pages I hours after	Ī	b (ITY OR TOWN (If outside corporate mits, write RURAL and give nearest tawn)	CLENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporal	e limits, write RURAL and give nearest town)
The state of the s		d NAME OF HOSPITAL OR INSTITUTION AIR HOT IN	hospital, give street oddress)	d. STREET ADDRESS	- Bux 169 e is residence on a farm? YES NO DE
cecuted within 24 the campletely filled in have carban pages y event, within 72 h		R. NAME OF DECEASED (Type or print)		Down of DEATH	Month Doy Year 1967
execute nd camp emave any eve		M N	MARRIED NEVER MARRIED B	6-21-04	AGE (In years IF UNDER I YEAR IF UNDER 24 ARS last puthday) Months Days Hours Min
rate be irian ar ilease r	- [0o USJAL OCCUPATION (Give kind of work done luring most of working life, even if retired) 13. FATHER'S NAME	10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE County & Stote, or for the stote,	oign country) 12 CITIZEN OF WHAT COUNTRY?
certific ng phys Then p emaval,		S WAS DECEASED EVER IN U.S. ARMED FORCES?	Des 3 & V	Rester HAND	Tilghman
attendi permit an, ar r		(Yes, no, or unknown) (If yes give wor or dotes of se	302-16-1802 /T	ecords- Ho	ISPIFAI INTERVAL BETWEEN
that than the by the transit cremati		18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO	muora	lial Infact	on Quite ONSET AND DEATH
TO HOSPITAL OR ATTENDING FHYTICIAN. The law requires that the death certificate be executed within 24 than is after death Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death		Conditions, if ony, which gove is to immediate couse (o), storing the underlying couse DUE TO	Cirteriorder	olie Asout	Viscare 4 montes
he law ittendin ias beer e as the		PART II. OTHER SIGNIFICANT CONDITIONS CONT			I IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
ital or c ificate h for us		200 ACCIDENT WAS UNDERLANG OR CONTRIBUTING CLOSUS OF DEATH OF STRIPE NOTIFY MEDICAL FRAMINE)	205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port	YES NO
PHYTICIAN he haspital this certifical etached fa		20c. TIME OF INJURY Month, Doy, Year Hour o.m.	While Not While focto	E OF INJURY (Home, form, 20f. ary, street, office bldg., etc.)	(City or town) (County) (Stote)
OR ATTENDING be retained by the JIRECTOR: After to a 3 shauld be de		p.m. 19 21. I certify that (#7) (this hospit sow the deceased alive an	al) oftended the deceased fram	3/22, 1967, to	7/2 V, 19 2 (that ## (we) last
RECTOR 3 shau d with fl		220. SIGNATURE Quald Rla	Guelellean MD	ATTENDING - MED	STAFF 22b. DATE SIGNED PHYS 2 3/24/67
O HOSPITAL OR ATTENDING PHYTICIANS Page 4 may be retained by the haspital or 5 FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far u should be filed with the State Dept. of Heali	1	22c PHYSICIAN'S NAME (Type)		22d ADDRESS	
Page 4 may Page 4 may IO FUNERAL I director, page shauld be fil		230. BURIAL (REMATION, REMOVAL (Specify) 3-28.	-67 NEW CINE	oet che	ATION (City or Town) (Caunty) (State)
VR A15 (4) 20 M 1/66		24 FUNERAL DIRECTOR	new (Abm	PATE R 2 PEGISTR	67 Jacobs Judge

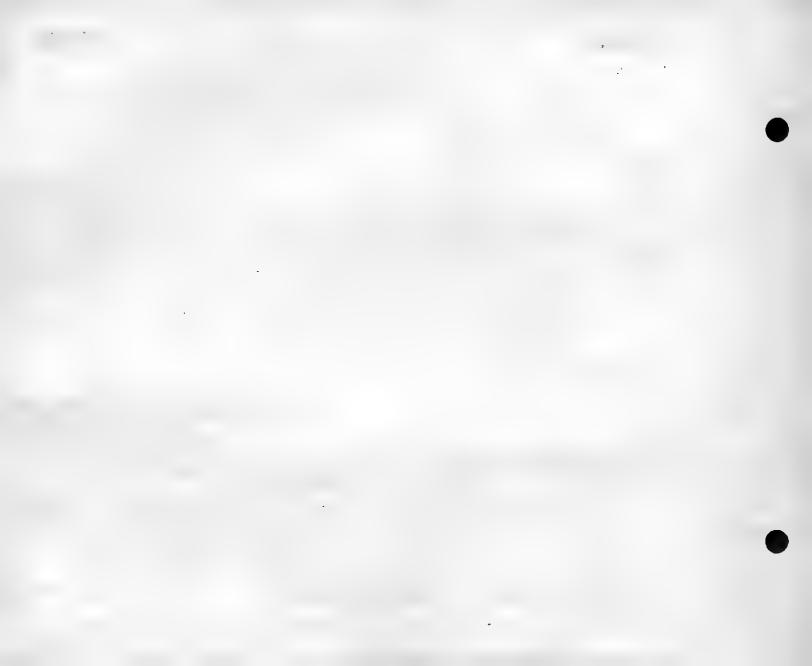


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) n COUNTY o STATE b COLMIY Dorchester Maryland 2 0 Dorchester MARYLAND b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN IN Write RURAL and give recrest town) Vienna - Rural d NAME OF HOSP, TALL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hours R.F.D. #1, Box 219 Cambridge-Maryland Hospital Middle 4 DATE within 72 Manth DECEASED ELWOOD LUTHER DENNIS 1967 March DEATH (Type or prin!) S SEX B DATE OF BIRTH F UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED TX 9 AGE (n years JE UNDER 24 HRS NEVER MARRIED lest dirinday) Male Negro Feb. 22.1918 WIDOWED DIVORCED 11 BIRTHPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT Canning Factory Dorchester Co., Md. COUNTRY 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within Martha Collins George Edward Dennis IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address used os a burial-transit permit. burial, cremation, or remaval, 219-07-3838 Sarah E. Dennis, Vienna, Md., RFD NTERVAL BETWEEN ONSET AND DEATH IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (6) Hemorrhage, steb wound of heart. Ward This certificate should DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying cause PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS YES X NO 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of Item 18) PRIMAR OF CONTRIBUTING Was stabbed by wife. CAUSE OF DEATH 20c TIME OF INJURY Month Day, Year 20d INJRY OCCURRED 20e PLACE OF .N.URY (Home, form, (City or town) (County) (State) Not While of work Home of work Reid's Grove. Dor. Md. 21 I certify that I taak charge of the remains described above, held an Autopsy 🛣 Inspection , Inquiry , and in my opinion Accident . death resulted fram Natural causes Suicide . Hamicide 🔣 Undetermined manner 🔲 CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAMINER \$\ 3/29/67 John Mace Jr. M.D. Address (Street, city, town or county) Cambridge. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) REMOVAL (Specify) Mar. 29, 1967 Reid's Grove Cemetery Burial VR A I SME IS Framptom/and Son. Federalsburg.



	03542 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	3535
1.	PLACE OF DEATH d. COUNTY DORCHESTER MARYLAND	o. STATE	nce before odmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL CAMBRIDGE 6 YRS.	c CITY OR TOWN (If outside carporote limits, write RURAL and give CHESTERTOWN	ve neorest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	e. IS RESIDENCE ON A FARM?
_	EASTERN SHORE STATE HOSPITAL		YES NO X
	NAME OF First Middle DECEASED (Type or print) NAME OF First Middle DECEASED GODFREY DIL	DEATH	Doy Year 19 67
5	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH 9 AGE (In years IF JNDER lost birthdoy) Months	Doys Hours Min
	o JSUAL OCCUPATION (Give kind of work done in 10b KIND OF BUSINESS OR INDUSTRY HEATING ENGINEER	1 BIRTHPLACE (Stote or foreign country) 12 (C	TIZEN OF WHAT
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	JAMES RICARDS DILLON	MARY MCINTYRE	
(A	les no or inknown) lift yes a ve war or dates at service)	INFORMANT Address HOSPITAL RECORDS	
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. MENINGLES		INTERVAL BETWEEN ONSET AND DEATH OAYS
	963 X IMMEDIATE CAUSE (6) PIENTNOTTIS		4 DAYS
	Canditians, if any, which gave) (b) OLD GUN SHOT 1	WOUND BRAIN ?	6 YRS.
	rise to immediate cause (o), stating the underlying cause DUE TO		
	kast. (c)	TO TO THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE	19 WAS AUTOPSY
CERT FICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO		PERFORMED? YES NO
		(Enter nature of injury in Port I at Post il af item 18)	
MEDICAL	20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e PLA While Not While 20e PLA for otwork at work 20	i i i sent itali i si li mi i i i i i i i i i i i i i i i i	cunty) (State) ENT Ma.
	21. I certify that I took charge of the remains described above, he		and in my apinia
	death resulted from Natural couses , Accident , Suin	cide, Homicide, Undetermined manner CHIEF MEDICAL EXAMINER	ا
	ACTUAL SIGNATURE LALLS INC.	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
,	EXAMINER'S JOHN MACE JR.	DEPUTY MEDICAL EXAMINER XX Address (Street, city, town, or county)	3/15/67
23		(REMATORY 23rt 10CAT ON (City or Town)	(County) (State) CASTLE, DEL.
-	P4 FUNERAL DIRECTOR ADDRESS	250, REC D BY REGISTRAR 25b REGISTRAR S	
4	Vieter M Kennedy, STILL POND.	M.D. DAMAR I 5 1967 galand	By Vecolate.

			W. PRESTON STREET, BALTIMORE, MARY	
	03543	CERTIFICATE	OF DEATH	03536
	PLACE OF DEATH a. COUNTY ORCHESTER	MARYLAND	2 USUAL RESIDENCE (Where deceosed lived, if institution STATE .D .	UNTY FOR.
RI	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) URAL CAMERIDCE	LENGTH OF STAY IN 15 13 YRS.	CITY OR TOWN (If outside corporate limits, write R SNOV HILL, RT	2 23 2
E	d NAME OF HOSPITAL OR INSTITUTION (IF not in ASTERN SHORE STATE Ho	SPITAL	d STREET ADDRESS	e is residence On a farm? Yes no
	NAME OF First DECEASED (Type or print) MARY		DRYDEN OF MARCH	
)	FEMALE WHITE V	VIDOWED X DIVORCED	DATE OF BIRTH 11/26/79 9. AGE (In years last birthday) yrs	IF UNDER 1 YEAR 1F UNDER 24 HRS. Manths Days Hours Min.
	o USUA, OCCUPATION (Give kind of work done ring most of working life, even if retired) HOUSE WIFE	10b KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, ar fareign country) M D .	12 CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME ろしの どいれたE		14. MOTHERS MAIDEN NAME MARY HADDOCK	
1S. (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, ar unknown) (If yes give war or dates of sen NO	- HUS	IFORMANT Add	dress
	IB CAUSE OF DEATH (Enter only one couse por PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave) (b)	er line for (a), (b), and (c).		INTERVAL BETWEEN ONSET AND DEATH
	rise to immediate cause (a), stating the underlying couse (bst. (c)	DIABETES		
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR		HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	20g ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Enter nature of injury in Port I or Part II of item 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Haur a.m. p.m. 19	20d. INJURY OCCURRED While Not While of work factor	E OF INJURY (Home, form, ry, street, affice bldg., etc.)	(County) (Stote)
	21. 1 certify that (1) (this haspital saw the deceased alive an	al) attended the deceased fram	5/12 , 19 53 , ta 3/1 death accurred at 11:25M, from cause	
	220. SIGNATURE Coperu &	integrall. S. MD		226. DATE SIGNED 3/21/67
	22c. PHYSICIAN'S NAME (Type)	CELENANDEZO.	E.S.O. HOSPITAL, CAMBRI	
	a BURIAL, CREMATION, 23b DATE THEREO ALMOVAL (Specify)	40.4	emotery Snew H.	11 Haryland
24	4 FUNERAL DIRECTOR	ADDRESS	ZSO REC'D BY REGISTRAR 25b. DATEMAR 2 7 1967	REGISTRAR'S STEMATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03544 requires that the death certificate be executed within 24 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission ond o. COUNTY o. STATE 6. COUNTY filled in by the functions. Pages 1 cthin 72 hours offer d DORCHESTER MARYLAND MARYHAND MICOMICO b CITY OR TOWN (If outside comparate limits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate emits, write RURAL and give negrest town) write RURAL and give nearest town) CAMBRIDGE (RURAL 15 DAYS SALISBURY d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. .S RESIDENC d STREET ADDRESS ON A FARM filled EASTERN SHORE STATE HOSPITAL YES V NO 683 FITZWATER STREET 3. NAME OF Middle 4 DATE Month Doy Year remove carben BREWSTER DECEASED OF 1967 事 (Type or print) DEATH MARCH IF UNDER 24 HRS S. SEX IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH AGE (In years NEVER MARRIED 67.0 85 birthday) Months Dovs in any MALE NEGRO WIDOWED X DIVORCED puo 10b. KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of warking ite, even if retired) COUNTRY? INDUSTRY MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, HARMAUN ANNIE Williams LINKHOWN IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service) THE EASTERN SHORE STATE HOSPITAL 213-12-5219 RECORDS UNKNOWN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause as the prior to by the hospital or attending last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) be detached for use State Dept. of Health NO V YES [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) (Stote) FUNERAL DIRECTOR: After this Hour o.m. Nat While foctory, street, office bldg., etc.) ot work at work 19<u>G 7</u>, to = , 19<u>67</u>, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from_ 1967, and that death occurred at 725PM, fram causes and on the date stated above saw the deceased alive an_ 22g. SIGNATURE 22b. DATE SIGNED ATTENDING Y 11 DIRECTOR M.D. PHYS. 22d ADDRESS 22c. PHYSICIAN'S NANDEZ ES.S.S. NAME (Type) directar, should b 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) TriendShip WhitoN - Worcester MAN 0 DURIN 2Sb. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Milaneas Judge

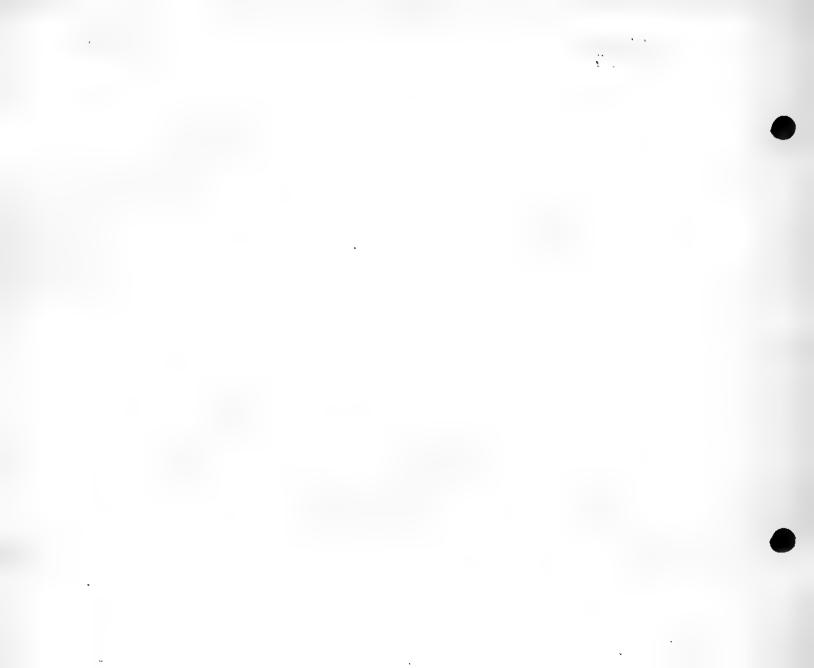


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03545 03538 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) funerol PLACE OF DEATH o. COUNTY o. STATE b. COUNTY tely filled in by the fur ban papers. Pages 1 within 72 hours after Dorchester MARYLAND Maryland Tal bot b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) I month Cambridge Easton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? filled YES NO Z Cambridge Marvland Hospital 3. NAME OF carban Middle Lost 4. DATE Month Doy Year DECEASED (Type or print) DEATH Ervin Glasco Samue] March I FUNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours Negro II-II-I896 e ottending physicion and a permit. Then please tempitan, or removol, ord in any Male WIDOWED 17 DIVORCED 10g JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if refired)
Laborer **INDUSTRY** COUNTRY? Federalsburg, Va. sawmill USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or removol, KNOWN John Glasco 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Rt. 2, box IIO 16. SOCIAL SECURITY NO permit. (Yes, no, ar unknown) ((If yes give war or dates of service 220-32-8887 Easton, Md. Franklin Lee Tilghman INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) signed by the burial-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY Uremia: Cardiac Decompensation IMMEDIATE CAUSE (o). by the hospital or ottending physician. (b) Arteriosclerotic Cardiovascular Renal Disease Conditions, if any, which gove rise to immediate cause (a). **DUE TO** for use as the I Health prior to b stoting the underlying cause 19. WAS AUTOPSY PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) hos PERFORMED? NO certificate the ched for us 200 ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED (City or fown) (Stote) 20c TIME OF INJURY Month, Dov. Year 20e. PLACE OF INJURY (Home, form, (County) factory, street, office bldg., etc.) Haur a.m. While Not While 21. I certify that (I) (this haspital) attended the deceased from December 1, 19 66, to March 14, 19 67, that (I) (we) last O HOSPITAL OR ATTEND Page 4 may be retained director, page 3 should should be filed with the saw the deceased slive an March 14 19 67, and that death accurred at _____M, from causes and an the date stated above. O FUNERAL DIRECTOR: 22o SIGNATUR 22b DATE SIGNED STAFF 3-111-67 DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 623 High St. Cambridge, Md. Edwin Fassett. M.D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 235 DATE THEREOF 230 BUR AL CREMATION. (County) (Stote) REMOVAL (Specify)
Burial March 18, 1967 Richard's Mem. Park Md. Easton Talbot 25b. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 250. RECD BY REGISTRAR VR A15 (4) 25M 1/67 Meliantes 1967 Easton, Md. Dashiell



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03546 FOR STATE HEALTH DERI PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b CTY, OR TOWN (If autside carporate limits c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) S RESIDENCE ON A FARM? d STREET ADDRESS Item 18 Give Pages NO X ofter death Office olong with 3 NAME OF First Middle Lost 4 DATE Month Year Doy DECEASED OF heced (Type or print) DEATH ¥ I 9. AGE (In years SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED IF JNDER 1 YEAR FUNDER 24 HRS ₹. Jost (bythday) Manths Days Haurs WIDOWED DIVORCED event IDE KIND OF BUSINESS OR BIRTHP, ACE (State or fareign country 12 CITIZEN OF WHAT during most of working life, eyen if retired 0178 an pages 13. FATHER'S NAM pencil puo 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). [(If yet all y war or dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT Address be executed or removal, 18 CAUSE OF DEATH (Enter only one cause per one for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: 1 NAR IMMEDIATE CAUSE (a) This certif cote should writing the word cremation, DUE TO Canditions, if any, which gave rise to immediate cause (a), DUF TO stating the underlying cause (c) burial, 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO the certificate, ogent, prior to 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW IN JRY OCCURRED (Enter nature of injury in Part I or Part II of item 18) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 2De. PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) (State) Hour am. factory, street, office bldg, etc.) While Not While FUNERAL DIRECTOR: Page of work at wark Health or its designated 21 I certify that I took charge of the remains described above, held an Autopsy ... inspection Inquiry and in my opinion Suicide 🗍 Undetermined monner death resulted from: Naturol causes Homicide moy be retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral O DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or county) 23b DATE THEREO (Stote) (City or Town) 0 VR A15ME (5) 6M 1/66

MARYIAND STATE DEPARTMENT OF HEAITH



1 1		Division of STATISTICAL	MARYLAND STATE DEF RESEARCH AND RECORDS, 301			ID 21201
(M)		03547	CERTIFICATE	OF DEATH		03548
offer deoth le funeral es i and after deoth	· ·	COUNTY COUNTY CITY OR TOWN (If outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 16	2 USUAL RESIDENCE (Where o. STATE or CITY OR TOWN (If outside a	b. COUNTY	12/bot V
by the Page	C	write RURAL and give nearest town)	an days	Landing N	teck, Traj	ope :
Illed in 721 h	Z	1. NAME OF HOSPITAL OR DISTITUTION (If not in hos Stern Shore Sta		d. STREET ADDRESS		e IS RESIDENCE ON A FARM? YES NO
physician and completely filled in by the furein please semance corbon papers. Pages I oval, and in any event, within 72 hours after	- [IAME OF PECE SED Type or print) John H.	Harrison	(DATE Month DF DEATH March	Doy Year 30 1967
a comp move		Pale White WID	OWED DIVORCED	DATE OF BIRTH 10-03-1881	last birthday) M	UNDER 1 YEAR IF UNDER 24 HRS. Ionths Doys Hours Min.
no un an asserte	dure	JSUAL OCCUPATION (Give kind of work done in most of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	Marylend	e, ar fareign country)	12 CIT ZEN OF WHAT COUNTRY?
ertifica physic nen ple noval, c	13.	FATHERS NAME Parrison Willia-	in H.	Morgan /	Matilda	
death c tending rmit. T	15. (Ye	WAS DECEASED EVER IN US ARMED FORCES? s, no, artinknown) (If yes give war ar dates af service	16 SOCIAL SECURITY NO. 17. IN 216-54-9975 Sp	ocdd Harr	ison Address	401 Leonards
s that the death certion. Joby the attending partonsit permit. Then, or removing, o		18 CAUSE OF DEATH (Enter only one cause per ! PART ! DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	ine for (a), (b), and (c)) Congestive hea	st failur	C	INTERVAL BETWEEN
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or aftending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please demoye corban pagers Pages 1 and 2, should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.		Conditions, if any, which gove nse to immediate cause (a), stoting the underlying cause	Joint degenera	Tive disease	(alrance	od) 10 years
The low attending the standing that the standing the stan	TION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
SICIAN: ospitol or ertificate sed for u	CERTIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED. (I	Enter nature of injury in Port I	ar Part II af stem 18)	
IG PHY The hore This or this or detact or be been	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Haur o.m. 19	20d INJURY OCCURRED While Not While of wark at wark	ry, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
TENDIN TENDIN TENDIN OR: Afre ould be		21. I certify that (I) (this haspital) saw the deceased alive an in 0	attended the deceased from II	death accurred at 50		Q 19 <u>67</u> , that (I) (we) las d an the date stated above
OR AT De retg IIRECTO		220. SIGNATURE Carlos F 15 CL	WO MD		TOR STAFF PHYS.	3-30-67
PITAL I moy ERAL of pog d be filled			BARROSO	Eastern Shore	State Hosp. D	orchester and
O HOSPITAL Page 4 moy O FUNERAL I director, pog should be fil	230	REMOVAL (Specify) 23b DATE THEREOF 4-1-6-7	230 NAME OF CEMETERY OR CO	1	EASTON	(County) (Stote) TALBOT M.D
VR A15 (4) 20 M 1/66	24	FUNERAL DIFFICTOR	Easton In	DAAPK 3		tran's signature





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03549 03542 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased ved, finstitution Residence before admission) ny delay is 2, ond 3 to PM3 Page a COUNTY Maryland b. COUNTY Dorchester Dorchester after death. MARYLAND b CTY OR TOWN (If guitside carparate limits. C . ENGTH OF STAY IN Th c CITY OR TOWN (If auts de carparate mits, write RURAL and give nearest tawn) Cambridge vears Cambridge d NAME OF HOSP TAL OR INSTITUTION (finot in hospital give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? hours DOA Cambridge Maryland Hospital 1010 Washington Street **Give Poges** YES NO X 24 hours ofter deoth along with 3 NAME OF St. 72 Middie Eirst 4 DATE Lost Day y ear DECEASED (Type or print) LLOYD E. **JAMES** 19 67 March 2, .⊆ DEATH # INTERNATION 5 SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR 7 MARRIED **NEVER MARRIED** IF UNDER 24 HRS Male White last b rthday) in Item 18 Sept. 26, 1890 Months Haurs WIDOWED DIVORCED eve Da USUAL OCCUPATION (Give kind of work done JDb KIND OF BUS NESS OR 11 BIRTHPLACE (State or foreign country)
Hurlock, Maryland 12 CHIZEN OF WHAT during most of working to, even if ret red) Racing COUNTRY? poges 1 in any word "pending" in pencl in the Chief Medical Examiner's penc 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hattie /? This certificate should be executed within William James 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT Mrs. Lloyd E. James, Cambridge, Maryland or removal. (Yes, no ar unknown) (If yes give war at dates of service) unk 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c)) NTERVAL BETWEEN burial-tronsit PART I DEATH WAS CAUSED BY Instant Coronary occlusion IMMEDIATE (AUSE (a) used as a burial-transburial, cremation, a e, writing the word forwarded to the CF 4201 DHE TO Conditions, if only, which gove (b) rise to immediate cause (a), DUE TO stating the underlying cause PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED? the certificate, YES 🗍 NO 🛣 agent, prior to 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part 1 of item 18) 3 should PRIMARY Or CONTRIBUTING ALAL EXAMINER: CAUSE OF DEATH 20c TIME OF INIURY Month, Day, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (mome, form) (City or town) (County) (Stote) 5 may be retained for your O FUNERAL DIRECTOR: Page Nat While factory, street, office bldg., etc.) 19 at wark L. at work its designoted 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection x, Inquiry . and in my apinion the funeral director. death resulted fram: Natural causes X Accident Suicide . Hamicide -Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 3/3/67 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER Cambridge, Md. John Mace Jr. M.D. Health o Address (Street, city, tawn, or county) 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) Mar 5, 1967 BREMOVAL (Specify) Dorchester Memoria 1 Park Cambridge, Maryland 24. FUNERAL DIRECTOR ADDRESS 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland VR A15ME (S) Melisoles Judge 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03550 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY Dorchester Dorchester MARYLAND Marvland physician and completely filled in by the ten please remove carroon papers. Pages aval, and in any event, within 72 haurs afte b (ITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
Cambriage c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 requires that the death certificate be executed within 24 haurs aft 10 wks. Mural - Cambridge IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS YES NO DO Cambridge Miryland Hospital. R.F.D. Inc. Cambri de e 3 NAME OF M ddfe 4 DATE First Last Doy Year DECEASED (Type or print) OF DEATH Charles Jolley March 19 67 W. 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX B DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED birthday) Months Days Hours Male Negro WIDOWED DIVORCED Feb. 25, 1901 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) **12 CITIZEN OF WHAT COUNTRY?** INDUSTRY Dorchester Co., Md.

14. MOTHER'S MAIDEN NAME TISA 13. FATHER'S NAME Charles Jolley, Sr. Charolett Camper signed by the attending burial-transit permit Th 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dotes of service) 215-38-0176 Nettie Jolley R.F.D. #2 Cambridge INTERVAL BETWEEN ONSET AND DEATH 2B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO Conditions, if ony, which gove (b) Arteriosclerotic Cardiovascular Renal Disease rise to immediate cause (a). DUE TO stating the underlying cause as the O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) Not While at work 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR ATTENDING STAFF PHYS. 又 313-67 M.D. PHYS. 22d ADDRESS 22c. PHYSICIAN'S director, po NAME (Type) win Fassett. M.D. 623 High Street Cambridge. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) 23a. BURIAL, CREMATION, 3/18/67 Bethel Cambridge Dorchester 250. REC D BY REGISTRAR REGISTRADES SIGNATURE 24. FUNEKAL DIRECTOR ADDRESS VR A15 (4) Cambridge, hd.

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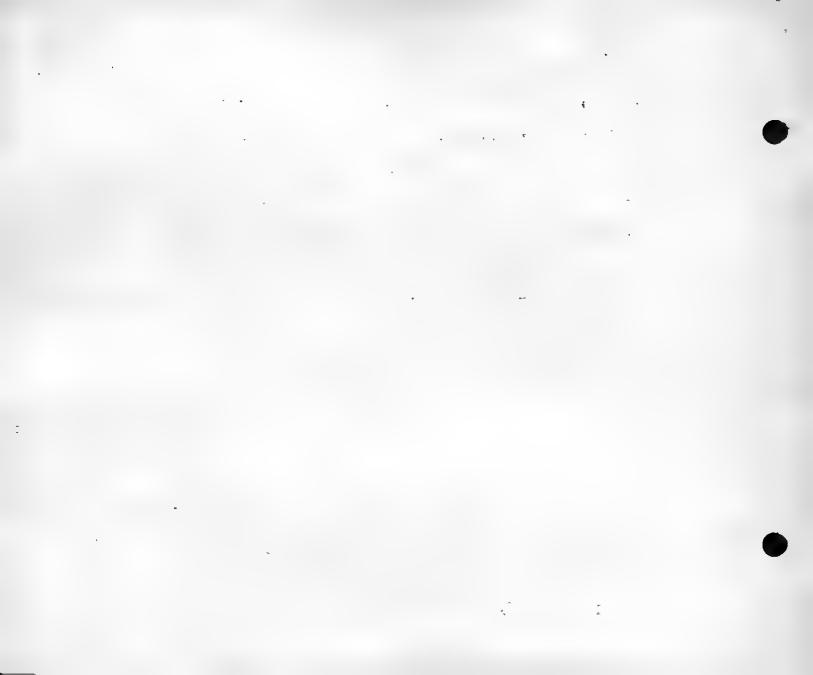
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Dorchester a. STATE b. COUNTY tetely filled in by the furbon papers. Pages 1 s, within 72 hours after o Marvland Dorchester MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 hours Hurlock - Rural Cambridge days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? RFD Cambridge-Maryland Hospital NUX within completely carbon NAME OF First Middle Last 4. DATE Month DECEASED and complet remove carb any event, v (Type or print) DEATH James Arch Jolley 1967 March executed 6. COLDR DR RACE | 7. MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED last birthday) | Months | Days Hours I Male WIDOWED X October 11,1872 94 Negro DIVORCED E. I.S 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

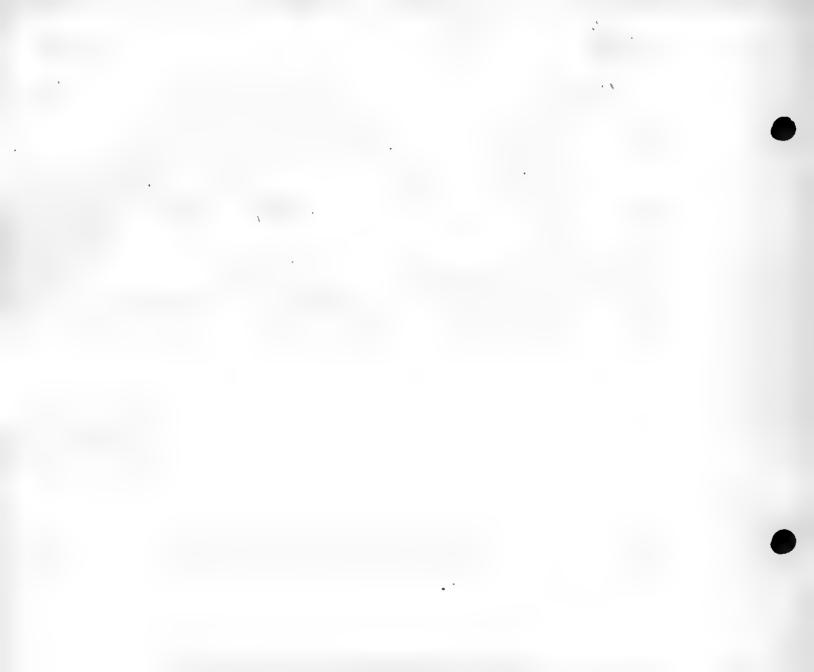
Retired Farmer Farming 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT þe d by the attending physicial ransit permit. Then please cremation, or removal, and Dorchester Co., Maryland Farming USA certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address death (Yes, no, or unknwn) [(If yes give war or dates of service) No 220-52-8849 Mrs. Rachel E. Johnson, Hurlock, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) been signed by the the burial-transit or to burial, cremat ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Cardiac Decompensation IMMEDIATE CAUSE (a) (b) Arteriosclerotic Cardiovascular D; sease Conditions, If any, which gave rise to Immediate DIJE TO cause (a), stating the as the underlying cause last. IFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) WAS AUTOPSY for use Health PERFORMED? certificate Possible reinfection Pulmonary Tuberculosis Apex of lung PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18. detached for Dept. of OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 2Df. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While After Id be d at work at work 21. I certify that (I) (this hospital) attended the deceased from February March 19 67. that (I) (we) last 18g 67 DIRECTOR: , age 3 should liled with the saw the deceased alive on March 19 67 and that death occurred at A. M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page PHYS. DIRECTOR PHYS. M.D. тау HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) St. Edwin Fassett Cambridge .Md. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 March 9,1967 Near Hurlock. Maryland Petersburg Cemetery 25b. BEGISTRAR'S SIGNATURE REC'D BY REGISTRAR FUNERAL DIRECTOR Framptom and Son, Federalsburg, Maryland VR A15 (4) 20M



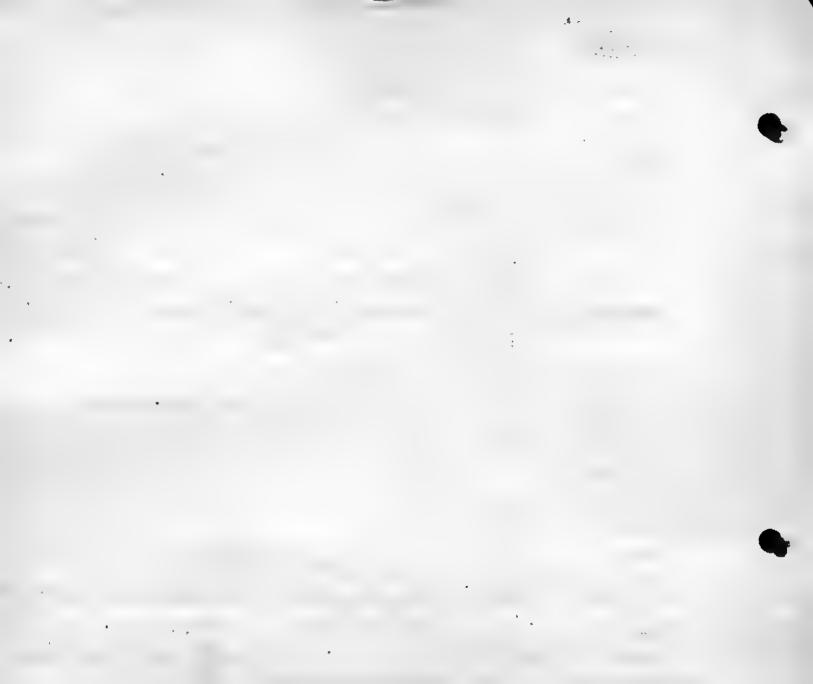
IVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Dorchester Dorchester Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Cambridge c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) hou Cambridge Life e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? Cambridge Maryland Hospital 302 Nathan Avenue NO K within letely DOT 3. NAME OF Month Year First Middle Last DATE DECEASED OF DEATH BRENDA HORNER LARSON March 67 19 (Type or print) ellecated AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE | 7. MARRIED [X] NEVER MARRIED 8. DATE OF BIRTH last birthday) | Months | Femle Whi te April 29, 1945 WIDOWED [OIVORCED [12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) physician ease COUNTRY? leath mertifillate be and Cambrid e, Maryland USA Houseville Home 14. MOTHER'S MAIDEN NAME or removal. 13. FATHER'S NAME George Horner Olive Larimore 16. SOCIAL SECURITYNO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMEDFORCES? (Yes, no, or unkown) (If yes give war or dates of service) Mr. Warren E. Larson, Cambridge, Maryland unk INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (a) been signed l the burial-trai or to burial, cri **OUE TO** Chronic Glomerular nephritis Conditions, If any, which gave rise to immediate **DUE TO** cause (a), stating the Halignant hypertension and areaia underlying cause last. CERTIFICATION WAS AUTOPSY PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? certificate NO I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While at work At work 1958 director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from. _, 19, and that death occurred at 12: /N//, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a, SIGNATURE 3-22-67 /- M.D. - ATTENDING MED. 22d. ADDRESS 22¢. **PHYSICIAN'S** BUNKER M. Ill.Ave., Carbrid e, Maryland 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) 23a. Mar 23, 1967 Dorchester Memorial Park Cambridge, Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service, Cambridge, Maryland MAR VR A15 (4)

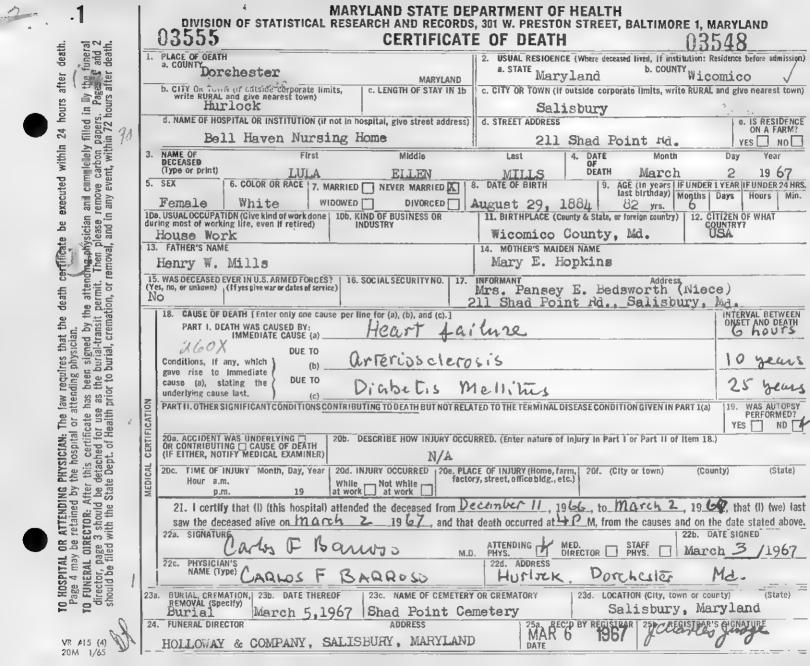


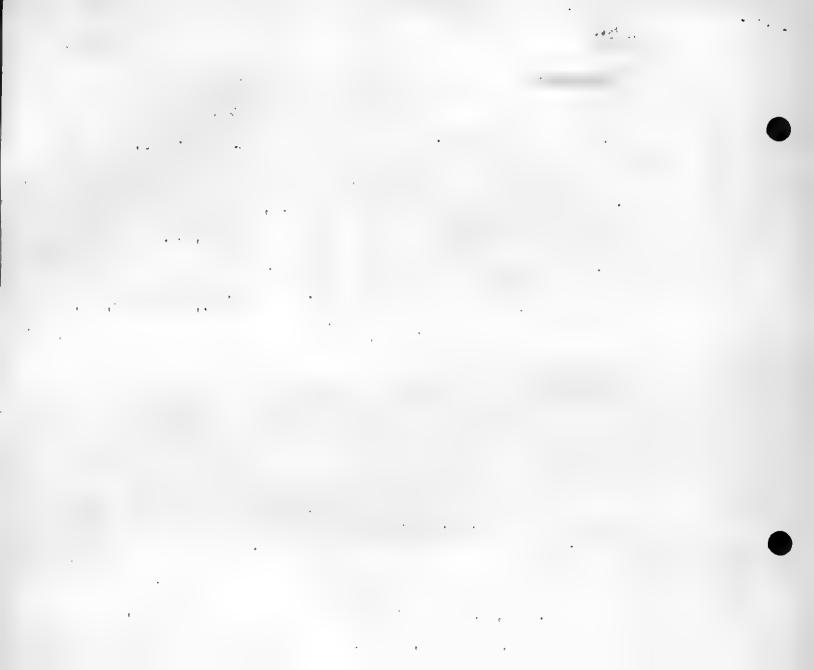
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03553 MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased Ived, finistitution. Residence D COUNTY a STATE b COUNTY di, death. MARYLAND Department CITY OR TOWN C SENGTH OF STAY IN TH C CITY OR TOWN write RURAL and give negrest town? write RURAL and give neares after A IS RESIDENCE NSTITUT ON (If not in haspital, give d. STREET form haurs ON A FARM? NO X Give Pages ote YES haurs after death alang with NAME OF 22 4. DATE Day Year DECEASED OF 15 (Type or pant) 19 DEATH S SFX # UNDER I YEAR IF UNDER 6. COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years ost birthdoy) Manths Doys Hours K WIDOWED DIVORCED Office and 10b KIND OF BUSINESS OR are or foreign country 12. CITIZEN OF WHAT INDUSTRY \subseteq Examiner's 13. FATHER'S NAME pencil Ξ File guq R IN U.S ARMED FORCES? INFORMAN be executed permit. Chief Medical remayal Of yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) **burial-transit** PART I. DEATH WAS CAUSED BY 2NS AND SEATH CEREBRAL VASCULAR ACCIDENT 10 IMMEDIATE CAUSE (o) Ward certificate shauld crematian DUE TO Canditians, if any, which gave rise to immediate couse (a). DUE TO ficate, writing the be farwarded to 0 stoting the underlying cause last burnal used WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO to 20a EXTERNAL CAUSE WAS pridr 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I of Item 18.) 3 should should PRIMARY Car CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) Hour om. factory, street, affice bldg, etc.) Not While FUNERAL DIRECTOR: Page ot work please execute its designated 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection [X] Inquiry and in my apinian death resulted from. Natural causes the funeral directar. Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY may be Health or DEPUTY MEDICAL EXAMINER 3/15/67 **EXAMINER'S** JOHN MACE JR. Address (Street, city, town or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION DATE THEREO! 23d LOCATION (City or Town) (County) (State) 0 REMOVAL (Spec fy) REEN MRCESIER URTA FUNERAL DIRECTOR **ADDRESS** 25a RECD BY REGISTRAR VR ATSME 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission, a. COUNTY b. COUNTY al director. Page for your files. Dorchester MARYLAND or vland Donchestar b. CITY OR TOWN (if outside corporate limits e. LENGTH OF STAY IN 16 s. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town? entire life Carbridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS .. IS RESIDENCE ON A FARM? be refained YES NO X .lasgow Street 2 with the State 3. NAME OF DECEASED Hlhert Tdi son DEATH 1 ar. 22.1967 (Type or print) leekins 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED S. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS may 1 last birthday) | Months | Days lale Oct.14.1892 WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired? Cambridge Medical Doctor U.S. P.W.3. 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME Give William W. leekins Manie E. Hackett Office along with form 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 1 Clasrow St. (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) rs. Virginia J. Weekins, Carbridge, d 18. CAUSE OF DEATH [Enter only one cause per line for [a], (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral hemorrhage 10 Mins. DUE TO Ծ Conditions, If any, which cremation, gave rise to immediate cause Examiner's DUE TO (a), stating the underlying gause lest. pesn eg PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)): 19, WAS AUTOPSY CERTIFICATION PERFORMED? burial, Word Medical NO X should 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter neture of injury in Pert I or Part II of item 18.) writing the PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. prior MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While While at work forwarded to the DIRECTOR: Inspection K Inquiry and in my opinion Natural causes X Undetermined manner death resulted from Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for STREET STREET 3/23/67 DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S 8 John Mace NAME (Type) Address (Street, city, town, or county) Cambridge. Md. TO FC. Health 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22s. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Christ Churchvard Carbridge, Ed. ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Cambridge, I'd.







DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and 2 death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission, a. CDUNTY b. COUNTY Dorchester Maryland Dorchester after MARYLAND CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) hours filled In papers. P. hou 3 mths Church Creek Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? Cambridge, Maryla nd Hospital None within YES A ND completely we carbon p within 3. NAME DE First Middle Last DATE Month Day Year DECEASED March 18. SARAH KATHERINE MILLS 67 event, (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE | DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS and cor 9. 7. MARRIED NEVER MARRIED last birthday) | Months | Days Jan. 30, 1873 Hours any Female White WIDOWED X DIVORCED [Ξ 10a. USUAL OCCUPATION (Give kind of work done | 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) physician during most of working life, even if retired) COUNTRY? certificate be INDUSTRY Madison, Maryland Housewife USA Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Columbus Hall Susan Trege 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (6 (Yes, no, or unknwn) (If yes give war or dates of service) Mr. Carl R. Mills, Church Creek, Maryland cremation. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH OBSTRUCTION PART I. DEATH WAS CAUSED BY LORIC IMMEDIATE CAUSE (a) UNDEFERMINEI burial. burial DUE TO Conditions, If any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last, CERTIFICATION WAS AUTDPSY PART 11. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate YES T ND . 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) tached f MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED (State) 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at IOB M, from the causes and on the date stated above. saw the deceased alive on_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING Page 4 may 1 PHYS. DIRECTOR PHYS. M.D. FUNERAL 22c. PHYSICIAN'S 22de ADDRESS director, p NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMDVAL (Specify) Cambridge, Maryland Greenlawn Cemetery Burial 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATUR LeCompte Funeral Service, Cambridge, Maryland VR A15 20M



4 1 (M			TICAL RESE	MARYLAND STATE D ARCH AND RECORDS, 30)1 W. PRESTON STR	EET, BALTIMORE, MAR		rro
FOR STATE		03557	WED	OICAL EXAMINER'S	CERTIFICATE (OF DEATH	Ua	1550
HEALTH DEPT.	Ī	PLACE OF DEATH O COUNTY Dorchester		MARYLAND	2 USUAL RESIDENCE	(Where deceased lived, if instity)	ution: Residence be UNIY Dorch	fare admission) ester
f 511y delay is 1, 2, and 3 to rm PM3. Page Department of rs after death.		b CITY OR IDWN (If autside corporate imi wr.te RURAL and give nearest town) Cambridge	[†] 5,	C LENGTH DE STAY IN 16 DOA	C CITY OR TOWN (IF a	iutside carparate limits, write R	URAL and give nea	rest tawn)
Pages 1, 2, and 3 to with farm PM3. Page State Department of 2 haurs after death.		d NAME OF HOSPITAL DR INSTITUTION (IF IN DOA Cambridge Mary	at in naspital, land Ho	give street address) ospital	d STREET ADDRESS None			e IS RESIDENCE ON A FARM? YES ND X
death re Page with f	3	NAME OF F DECEASED (Type or print) BRA	irst DY	W. MORRIS	-ast	4 DATE MG	March 3,	oy Year 19 67
s ofter de 18. Give F e alang w) 5	SEX Male 6 COLOR OF RACE White	7 MARRIED WIDDWED	NEVER MARRIED DIVDRCED	Feb. 3, 19	9 AGE (In years burthday)	1F UNDER 1 YEAR	
inter: This certificate should be executed within 24 haurs ofter death. If a certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Exam ner's Office along with form files. 3 should be used as a burial-transit permit. File pages I and 2 within 72 haurs ont, prior to burial, cremation, ar removal, and in any event within 72 haurs.		a USUAL OCC. PATION (G ve kind af wark dane ring mast af working life, even if retired) Waterman	106 K	ND OF BUSINESS OR Sealood	Dorcheste	e or foreign country) r Co., Marylai	nd 12 CTIZEN COUNTR	
		. FATHER'S NAME Leande	r Morr	is	14 MOTHER'S MAIDEN	Johnson		
uted wit ig" in pe lical Exan mit File val, and	15	was deceased ever in u.s. armed forces? es no ar unknawn) (If yes give war ar dates	at service)	SOCIAL SECURITY NO 17	informant rs. Hazel M	. Morris, Bis	nops Head	l, Md.
should be executed to ward "pending" is the Chief Medical burial-transit permit matian, ar removal,		18 CAUSE OF DEATH (Enter only one con PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(o) Cor		ion		1	NTERVAL BETWEEN
MINER: This certificate should the certificate, writing the ward 4 should be farwarded to the Cirriles. e. 3 shauld be used as a burral-tragent, prior to burral, cremation,		Conditions, if ony, which gove use to immediate cause (a), stating the underlying cause	(b)					
s certifii e, writir farward t used a burial,		PART II. OTHER SIGNIFICANT CONDITIONS		TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	OND I ON GIVEN IN PART 1(a)		9 WAS AUTOPSY PERFORMED? YES NO
please execute the certificate, all director Rage 4 should be fretained far your files. L DIRECTOR: Page 3 should be its designated agent, priar to	CERTIFICATION	20g EXTÉRNA, CAUSE WAS PRIMARY I GOOTRIBUTING CAUSE OF DEATH.	20b Di	ESCRIBE HOW INJURY OCCURRED	(Enter nature at injury in	Part I or Part II af item 18)		
*AL EXAMINER: execute the certi ar Page 4 should d far your files. CTOR: Page 3 shaul gnated agent, pri	MEDICAL	20x. TIME OF NJURY Month, Day, Year Haur a.m. p.m. 19	2Dd 1 While at war	Not While for	ACE OF INJURY (Hame, far tory, street, affice bldg., etc		(Caunty)	(State)
L EXA cecute Page (ar you (R: Pag		21. I certify that I took charg	e of the rea	moins described obove, h		Inspection 🗶 , In	quiry 🔲, o	nd in my opinion
e ex trar led f		death resulted from Notur	ol couses 🛚	🛂, Accident 🔲, Sui	cide 🔲, Homicid		monner 🔲	
o DEPUTY MED. AL EXA necessary, please execute the funeral director Page 5 may be retained far you o FUNERAL DIRECTOR. Page Health or its designated a		ACTUAL SIGNATURE	200	reef	NI. U	DICAL EXAMINER 🔲 3/	3/67	22. DATE SIGNED
o DEPUTY necessary, the funera 5 may be 5 FUNERA! Health or		EXAMINER'S John Mac	e Jr.		Address (Stre		ambridg	e, Md.
TO DEPUTY MEC. AL EXAMIN necessary, please execute the the funeral director Page 4 sl 5 may be retained far your fi TO FUNERAL DIRECTOR: Page 3 Health or its designated agen		Duriar	EREOF 1967	23c NAME OF CEMETERY DR Dorchester N			, Marylar	nd
VR A15ME (5)		eCompte Funeral Ser	rvice,	Cambridge, Mar	yland 250. REC	MAR 6 1967	REGISTRAP	ites Judge

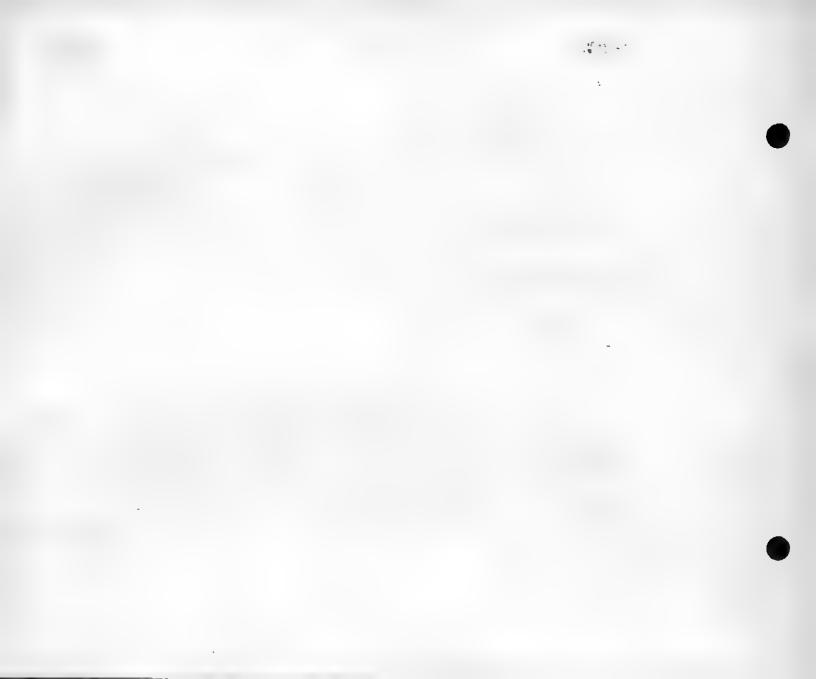


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03558 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEAT THUDEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, o COUNTY o STATE Maryland b COUNTY Dorchester Dorchester delay is and 3 ta Page df. MARYLAND b CITY OR TOWN (If autside carparate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give neorest town)
Cambridge Rural-Golden Hill offer 10 days d NAME OF HOSP TAL OR INSTITUTION (If not in hospital give street oddress) d. STREET ADDRESS e is residence on a farm? hours in Item 18. Give Pages 1, Office alang with farm Cambridge Maryland Hospital None YES X NO ate, 3 NAME OF F rst Middle 4 DATE the Sto last Year 19 67 **DECEASED** MARY MUR.PHY March 25 (Type or print) DEATH June 18, 1894 IF UNDER 1 YEAR NDER 24 HRS 6. COLOR OR RACE White X 9. AGE (In years S. SEX 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours Female hours W.DOWED event ond) 100 USUAL OCCUPATION (Give kind of work done 06 KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life even fratired)
Teacher-ketired School East Freedom, Penna. COUNTRY? pagas 1 ward "pending" in pencil in the Chief Medical Examiner's pencil i 14. MOTHER S MAIDEN NAME 13 FATHER S NAME be executed within Michael C. Murphy Ellen C. Murphy and 17. INFORMANT IS WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, ag. or unknown) [(If yes give wor or dates of service) remayal, Miss Anne B. Murphy, Golden Hill, Md. unk NTERVA, BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) burial-transit PART I DEATH WAS CAUSED BY ONSET AND BEATH Pulmonary embolism Ь IMMEDIATE CAUSE (o) e, writing the ward farwarded to the Ch This certificate should 9000 used as a burial-tra burial, crematian, DHE TO days. Conditions, flony, which gove Fracture left femur (b) rise to immediate cause (a). DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION G VEN IN PART I(o) WAS AUTOPSY PERFORMED? NO please execute the certificate. agent, prior to 200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Part or Port Light item 18) Fell down steps in home 20c T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form, 20f (City or town) (County) (Stote) Not White K factory street, office bldg , etc.)
Home While Golden Hill Dor. Md. may be retained for your FUNIRAL DIRECTOR: Page ot work designated Inspection 📆 21 | certify that I took charge of the remains described above, held on Autopsy Inquiry | and in my opinion Noturol couses Accident XX the funeral director. deoth resulted from: Suicide . Homicide [Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ar its ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 3/27/67 DEPUTY MEDICAL EXAMINER 🔽 ELEMINIER'S ace John Health Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OF CREMATORY Star Of The Sea Cemetery Mar 29, 1967 23d. LOCATION (City or Town) (County) (State) 230 BUR AL CREMATION, 90 Golden Hill, Maryland BEMOYAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR Judge. Ocharles VR A15ME (5) LeCompte Funeral Service, Cambridge, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 DEATH 03560 death **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death funeral i and puo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY papers Pages 1 hin 72 hours after MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitor, give street address) d STREET ADDRESS IS RESIDENC ON A FARM filled YES NO NAME OF 4. DATE OF Middle Month remove carban Lost Doy Yeor DECEASED and in any event, (Type or pant) DEATH 19 /-IF UNDER 24 HRS S SEX IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE (In years **NEVER MARRIED** lost birthday) Months Dovs Hours WIDOWED \$7 DIVORCED 100 USUAL OCCUPATION (Give kind of work dope 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) physician b ien please during most of working life, even if retired) UNDUSTRY COUNTRY? 13 FATHER'S NAME 14 MOJHER'S MAIDEN NAME ar remova 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO .INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service crematian, 18 CAUSE OF DEATH (Enter only one couse per inne for (a), (b), and (c))
PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH burial-transit burial, cremati IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave nse to immediate couse (a), DUE TO r this certificate has been s detached far use as the b te Dept. af Health priar ta b stoting the underlying couse Page 4 may be retained by the haspital ar attending last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Part II of Item 18) detached f CERT OR CONTRIBUTING

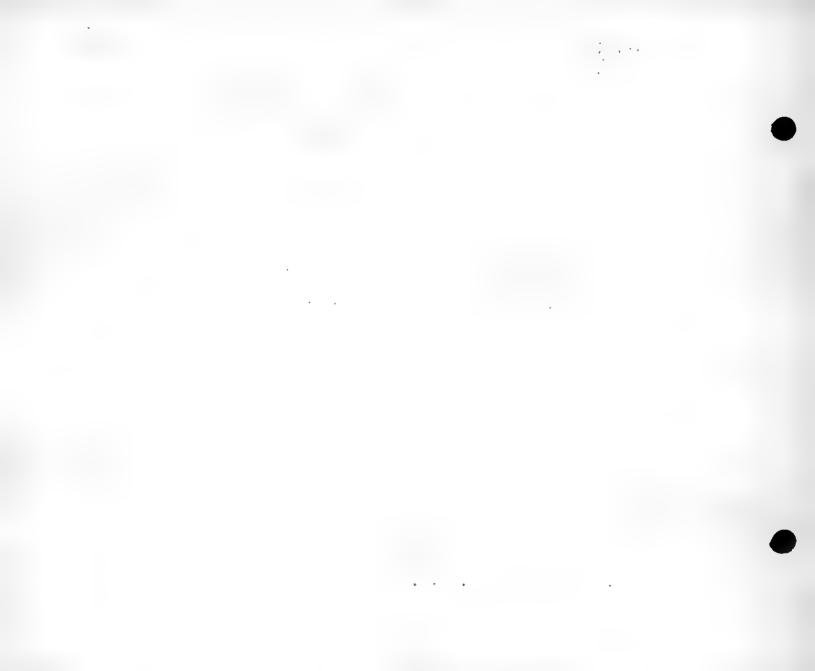
CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 2De PLACE OF NJURY (Home, form, (City or town) 20c. TiME OF INJURY Month, Day, Year (County) (State) Hour o.m. foctory, street, office bldg., etc.) Not While at work at work 21. I certify that & (this hospital) attended the deceased from NOV TO FUNERAL DIRECTOR: saw the deceased alive on MA and that death occurred at 12050M, from causes and on the date stated above. 220 SIGNATURE 22b DATE SIGNED ATTENDING director, page 3 shauld be filed v PHYS DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIANS O HOSPITAL NAME (Type) BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY 23d / OCATION (City or Town) 23€ (County) (Stote) East New Market East New Market FUNERAL DIRECTOR VR A 15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Dorchester b. COUNTY Dorchester a. STATE Maryland MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Cambridge c. LENGTH OF STAY IN 1b c, CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) Life Cambridge Ξ d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ve carbon paper: event, within 72 ON A FARM? 101 Glenburn Avenue 101 Glenburn Avenue ND X letely death certificate be executed within pou 3. NAME OF Middie DATE Month Oay First Last DECFASED JAMES REGINALD PHILLIPS 22, March remove carl DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIEO SEX 8. OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last pirthday) Months Mal.e White Hours Sept. 2, 1898 WIDOWED IT OIVORCED [physician an please ru val, and im 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 1Da, USUAL DCCUPATION (Give kind of workdone) 10b, KIND DF BUSINESS OR during most of working life, even if retired)
Carpenter-Retired General Building Cambridge, Maryland removal, 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Levin H. Phillips Emma Brannock 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. Address transit permit. (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Reginald J. Phillips, Cambridge, Md. unk 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) wanted of been signed the burial-trainer to burial, cra 1638 OUE TO Conditions, If any, which gave rise to immediate OUE TO cause (a), stating the as th underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMEO? NO I 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHY IICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL (State) 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Oay, Year factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m. DIRECTOR: A age 3 should lied with the 1967 to march 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on march and that death occurred at 4/5 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENOING MEO. OIRECTOR M.O. director, par should be fil MOSITAL PHYSICIAN'S ADDRESS 22C. Wilbur N. Baumann, MD Aurora St., Cambridge, Maryland NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) Burial 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF Mar 25 1967 Dorchester Memorial Park Cambridge, Marvland FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland VR A15 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 03562 I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY Dorchester o STATE Maryland b COUNTY Dorchester death. ᇹ MARYLAND C LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Write RURAL and give nearest town)
Cambridge Cambridge after years 1005/1/105 Race Street d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? 72 haurs 1005 Race Street NO A ote Item 18. Give Pages haurs after death 3. NAME OF First M ddle 4 DATE Lost Month S DECEASED OF 2, HATTIE March SLACUM 67 PRITCHETT 19 (Type or print) **DEATH** Office abag SEX B DATE OF BRIM AGE (n years IF JADER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED × Female White July 12, 1877 lost birthday) WIDOWED DIVORCED eve 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Dorchester Co., Maryland during most of working life, even if retired)
Housewife COUNTRY? INDUSTRY USA Home any d 'pending' in penci in Chief Medical Examiner's 13. FATHER'S NAME w thin 14. MOTHER'S MAIDEN NAME релсі .⊆ Lemuel Slacum Alice Pritchett and 16. SOCIAL SECURITY NO 17. INFORMANT This certificate shauld be executed 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, ne of unknown) (If yes give wor or dates af service Mrs. George Powley, Wingate, Maryland ar removal. No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (cf) **burial-transit** Instant PART I DEATH WAS CAUSED BY-Coronary occlusion writing the ward burial, cremation, DUE TO farwarded to the Conditions, if ony, which gove rise to immediate cause (a), **DUE TO** stoting the underlying couse 9 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO X 무 YES please execute the certificate, 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of moury in Port 1 or Port II of tem 1B.) Health or its designated agent, priar 3 shauld PRIMARY I or CONTRIBUTING I should CAUSE OF DEATH. MEDICAL 20e PLACE OF INJURY (Home form, 20d INJURY OCCURRED ((ity or town) ((ounty) (Store) 20c T ME OF INJURY Month, Doy, Year Hour o.m. factory, street, affice bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X Inquiry and in my opinion Accident . the funeral director. death resulted_from: Notural couses x Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** TO DEPUTY DEPUTY MEDICAL EXAMINER TO EXAMINER'S John Mace Jr. M. J. Address (Street, city, town, or tounty) Cambridge, Md. NAME (Type 230 BURLAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 236 DATE THEREOF (State) 0.0 REMOVAL (Specify) Mar 4, 1967 Dorchester Memorial Park Cambridge, Maryland ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland VR A15ME (5) 6M 1/66



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03563 CERTIFICATE OF DEATH 03556 papers. Pages 1 and 2 hin 72 hours after death the-funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution o. COUNTY o. STATE: MARYLAND in by him Pages b CITY OR TOWN (If autside carparate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURA, and give nearest tawn) write RURAL and give nearest tawn) OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours 3 (If hat in haspital, give street address) d STREET ADDRESS e is residence on a farm? filled YES NAME OF Midd Firs! 4. DATE 0 U Year DECEASED OF DEATH (Type or print) reminenta comp ever S SEX 6. COLOR/OR RACE IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthdoy) Manths Days Haurs WIDOWED K and in ony White DIVORCED yrs and 10a, USCAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) attending physicion opermit. Then please INDUSTRY Housewif e (Retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME removal, WAS DECEASED EVER IN U.S. ARMED FORCES? Mr. Joseph Address Sa 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (if yes give wor or dotes of service) 5 buriol, crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) buriol-tronsit PART 1. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO paubis Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the prior to l 10 HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enfer nature of injury in Part I or Part Is of stem 3B.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A Dept 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20c TIME OF INJURY Manth, Day, Year (City or town) (County) (State) Hour 'a.m. factory, street, affice blda., etc.) Not While at wark at wark 21. I certify that (I) (this haspital) attended the deceased from [2] 19 6 6 to. 196 /, that (1) (we) last , and that death occurred at 1450M, from causes and an the date stated above. 6/ 19 saw the deceased alive an 3 ~ 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING DIRECTOR MD PHYS. director, page should be filed 22c PHYSICIAN'S 22d NAME (Type) Cambridge, Md. 230 BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County) (State Burial (Specify) Salisbury, Maryland Parsons Cemetery March 15.1967 REC D BY REG STRAR 24 FUNERAL DIRECTOR ADDRESS. Schedistrars SIGNATURE VR A15 (4) (25M 1/67 HOLLOWAY & COMPANY, SALISBURY, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH after death PLACE DE DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Maryland Dorchester Porchester MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Cambridge c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours 2 hrs.32 Min. Cambridge Ξ. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS ON A FARM? Cambridge Maryland Hospital Inc. 744 Cornish Drive YES NO X completely ive carbon p executed within 3. NAME OF Last DATE Month Middle DECEASED and completemove carb 19 67 Sampson DEATH March 24 (Type or print) 5. SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED Months I Days Colored March 24, 1967 Fema le WIDOWED / DIVORCED ! 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician in please r wal, and in The law requires that the death certificate be INDUSTRY COUNTRY? Maryland Dorchester None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME гетома certificate has been signed by the attending hed for use as the burial-transit permit. Then, of Health prior to burial, cremation, or remov Joe Louis Sampson Poretha Leona Travers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) (If yes give war or dates of service) Doretha Sampson-714 Cornish Dr. Camb. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. OEATH WAS CAUSED BY: Prematurity --- Inmaturity IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES T NO X 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OIRECTOR: After this ceage 3 should be detache lled with the State Dept. MEDICAL (State) 20d. INJURY DCCURRED | 20e, PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) 20c. TIME DF INJURY Month, Day, Year Hour a.m. Not While be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from 3-24 19 67 to 3-24-19 67 that (I) (we) last .1967, and that death occurred at 9:50 m. I from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING X STAFF PHYS. M.O. DIRECTOR TO HOSFILL PAGE 4 MAY TO FUNERAL 0 Pag Fi ADDRESS PHYSICIAN'S director, p should be f NAME (Type) H.Wolff Eldridge St Cambridge, Maryland Aurora NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOF BURIAL, CREMATION, REMOVAL (Specify) Cambridge Maryland Disposed of 3 - 25 - 67Cambridge Maryland Hospital 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR | 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 15M 4-64



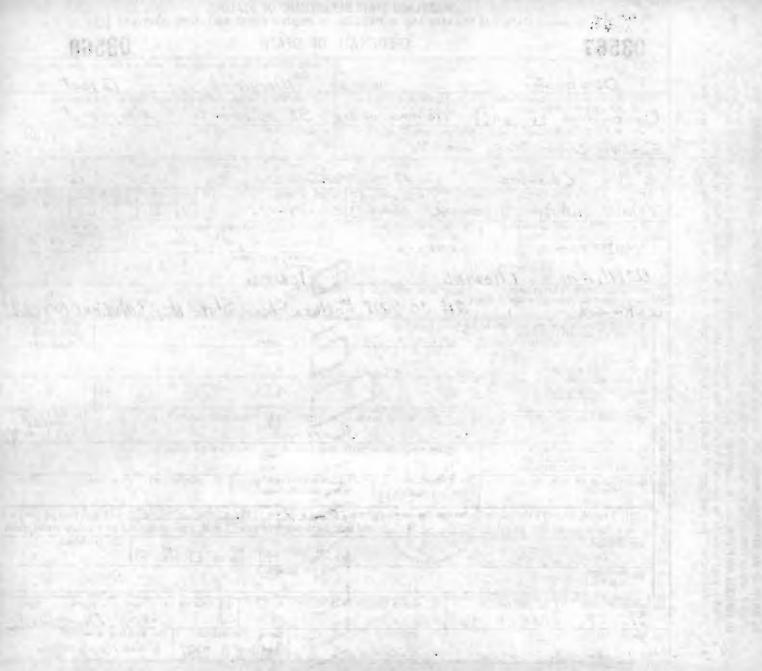
1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
e AAd	03565 CERTIFICATE OF DEATH 03558	3				
er death	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence to a STATE Maryland b. COUNTY Dorches MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence to a STATE Maryland b. COUNTY Dorches					
24 hours after filled in by the apers. Pages 1 n 72 hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give cambridge c. CITY OR TOWN (if outside corporate limits, write RURAL and give cambridge c. CITY OR TOWN (if outside corporate limits, write RURAL and give cambridge)	nearest town)				
	Cambridge Maryla nd Hospital	IS RESIDENCE ON A FARM? ES NO				
cuted within decompletely overstanding	B. NAME OF First Middle Last 4. DATE Month Day DECEASED (Type or print) ROBIN LYNN SCHUYLER DEATH March 4. DATE Month Day	Year 19 67				
xecuted w	Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Sept. 10, 1965 9. ACE (In years IFUNDER 1 YEAR Months Days Months Days 1 yrs.	Hours Min.				
cate be e physician n please r ral, and in	10a. USUAL OCCUPATION (Cive kind of work done lob. KIND OF BUSINESS OR ling most of working life, even if retired) None 11. BIRTHPLACE (County & State, or foreign country) Laston, Maryland 12. CITIZEN O COUNTRY? USA	F WHAT				
certificat Iding phy Then p removal,	13. FATHER'S NAME Nathan L. Schuyler 14. MOTHER'S MAIDEN NAME Juanita Mae Greenhawk					
death certific te attending p permit. Then tion, or remov	15. WAS DECEASED EVERINU. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO. 17. INFORMANT No. No. or unknown) (If yes give war or dates of service) None Nathan L. Schuyler, East New Market,	Md.				
requires that the fing physician. Deen signed by the burial-transit rto burial, cremai	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO	VAL BETWEEN T AND DEATH				
The law I or atten cate has Ir use as lealth pric		WAS AUTOPSY PERFORMED? NO NO				
NG PHYS by the h ter this be detac	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) while Not While at work at work	(State)				
FITAL OR ATTENDING PHYSICIAN: 4 may be retained by the hospital ERAL DIRECTOR: After this certifi or, page 3 should be detached fo	21. I certify that (i) (this hospital) attended the deceased from 3 3 , 1967, to 3 4 , 1967, that saw the deceased alive on 3 4 1967, and that death occurred at 3 M, from the causes and on the date 22a. SICNATURE	stated above				
FPITAL OF A may by the FERAL DISTORY, page of the filed	22c. PHYSICIAN'S NAME (Type) M.D. ATTENDINC MED. DIRECTOR DIRECTO	6/				
TO HOSPITAL Page 4 may TO FUNERAL Edirector, pag director, pag should be file	Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Burial Specify) Mar 6, 1967 Dorchester Memorial Park Cambridge, Maryland	(State)				
VR A15 (4)	24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland MAR 9 1967 Charles June	TURE				



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE Maryland Dorchester Dorchester MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Cambridge Hudson 1 day ,= e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled Cambridge Maryland Hospital None YES No X death certificate be executed within Month Day Year pou' DATE NAME DE DECEASED Middle Last 4. First March 18. 1967 EDDIE Α. SEWARD and comple remove carb n any event, DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 17. MARRIED 8. DATE OF BIRTH SEX NEVER MARRIED X last birthday) Months I Days Aug. 28, 1885 Male Whi te WIDOWED | DIVORCED 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) Hudson, Maryland TISA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal, John W. Seward Carrie Palmer he attending permit. Then Address 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 50 (Yes, no, or unkown) (If yes give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH -transi PART I. DEATH WAS CAUSED BY: PERIFORNE CIRCULATOR attending physician. IMMEDIATE CAUSE (a) signed Jins been street the burian of burian of DUE TO RTERIOSCLEROTIC HODISEASE UNDE Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY CERTIFICATION for use Health PERFORMED? PHYSICIAN: The certificate DECOMPENSATION YES | NO TO LMONARY DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this cerum detached for 20f. (City or town) (County) (State) 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at work at work that (I) (we) last 1967 hould h the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the M. from the causes and on the date stated above. and that death occurred at saw the deceased alive on 22b. 22a. SIGNATURE ATTENDING PHYS. DIRECTOR paj 22d. ADDRESS PHYSISJAN'S TO FUNERAL 22c. director, p NAME (Type) ANOL should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Mar Spedden-Seward Cemetery James. Maryland 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE ADDR ESS 24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland VR A15 (4) 1/65

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1	Division of STATISTICAL RE	MARYLAND STATE DEP SEARCH AND RECORDS, 301		MORE, MARYLAND 21201
. 8.	03567	CERTIFICATE	OF DEATH	03560
after death	1. PLACE OF DEATH O. COUNTY Dorchester b. CITY OR TOWN (If outside corporate limits, write RURAL only give nearest town)		c. CITY OR TOWN (If outside corpore	sed lived, if institution: Residence before admission) b. COUNTY 1 1 1 1 1 1 1 1 1
in 24 hours filled in by papers. Phin 72 haur	d. NAME OF HOSPITAT OR INSTITUTION (IT not in Hospit Eastern Shore State A	Hospital	ST. Michae d. STREET ADDRESS	ls Maryland o. is residence on A FARM? YES \(\) NO \(\)
strificate be executed within 24 physician and campletely filled en please remave carban pape oval, and in any event, within 7.	3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARR WIDOW	IED NEVER MARRIED B.	Lost 4. DATE OF DEATH DATE OF BIRTH 2-17-7/). AGE (In years IF UNDER YEAR IF UNDER 24 HR. If UNDER 24
cate be exc sician and please rem , and in an	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	b, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or fo SHOWOOD MAN	
he death certifi offending phy permit. Then p	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, grunknown) (If yes give war or dates of service)	AS 16. SOCIAL SECURITY NO. 17. IN 218-20-9328 First	Jones FORMANT Steen Shore Sta	
equies that the physician. signed by the burial-transit burial, cremat	421 DUE TO	or (o), (b), and (c).) nyocardial in arterio sclero:		INTERVAL BETWEEN ONSET AND DEATH GROVE
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTION Chro 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTING OF CONTRIBUTI		<i>idrame</i>	PERFORMED?
OR ATTENDING PHYSICIAN: be retained by the haspital or DIRECTOR: After this certificate e 3 should be detached far ued with the State Dept. of Heal	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 of	tended the deceased from	OF INJURY (Home, form, y, street, office bldg., etc.) 20f.	(City or town) (County) (State) to 3-15-, 1967, that (4) (we) la A, from causes and on the date stated above
Page 4 may be retained Funeral Director: A girector, page 3 should should be filed with the	220. SIGNATURE 220. SIGNATURE 221. PHYSICIAN'S NAME (Type) TO IT A R. P.	lebother M.D.	ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS	STAFF PHYS. 22b. DATE SIGNED
TO HOSPITAL Page 4 may be to FUNERAL D director, page should be file	230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF CE Of Clivet Cem	EMATORY 23d, LC	DCATION (City or Town) (County) (Store) Muchaela Muylland RAR 25b, REGISTRAR'S SIGNATURE
VR A15 (4) 20 M 1/66	Harrison Leonard	(St. michael		967 goliantes Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DF OEATH 1 2. USWAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY after Dorchester MARYLAND Dorchester c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b papers. 1 write RURAL and give nearest town) hours Cambridge life Cambridge .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled within 72 DN A FARM? 210 Belvedere Ave YES NO Y within completely carbon 3. NAME DE Month Year First Middie Last DATE Day **OFCEASED** DE (Type or print) DEATH 19 S. Earl Webster IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX AGE (In years 6. COLOR OR RACE DATE OF BIRTH 7. MARRIEDY ease remove NEVER MARRIED last birthday) | Months | Davs and in any Ciam and WIDDWED [DIVORCED /1901 62 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? druggist Dorchester. physi Crapo Dorch TISA certificate 0 13. FATHER'S NAME attending ph remova Willie/Worton/ Samuel ie Dewberry 16. SOCIAL SECURITY NO. | 17, INFORMAN Address death (Yes, no, or unkown) ((If yes give war or dates of service) Mrs. Evelyn Robinson Webster, Cambridge, Md. cremation. unk. 18. CAUSE DF CEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the the burial-transit or to burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. Massive Myocardial Infarction 12 Min 4201 DUE TO Coronary sclerosis 6 Mo. Cenditions, If any, which (b) gave rise to Immediate as the prior to DUE TO cause (a), stating the Arterio-sclerosis generalized 1 Yr. + underlying cause last. has ICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) r this certificate h detached for use te Dept. of Health PERFORMEO? Chronic Lymphatic Leukemia, asymptomatic YES [NO X 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING DC CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, I (State) 2Dc. TIME DF INJURY Month, Day, Year (County) at work Not While factory, street, office bldg., etc.) Hour a.m. After Id be d p.m. 19 retained 19_67, to 3-6director, page 3 should should be filed with the 1967, that (I) 100 last 21. I certify that (I) (南於本級版制) attended the deceased from and that death occurred a 2:20 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING 3-7-67 M.D. DIRECTOR 4 may 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Eldridge H. 6 Aurora Street, Cambridge, Maryland Wolff NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 3/8/67 Dorchester Memorial Park Cambridge, Md. Dorchester 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR LeCompte Funeral Service Cambridge, Md. Charles VR A15 (4) 20M 1/65

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